

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #
--------------------	----------	---------------	----------------

I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled):

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME:

Address:

City: State: Zip:

Contact: Tel:

REMOVAL CONTRACTOR:

Address:

City: State: Zip:

Contact: Tel:

OTHER OPERATOR:

Address:

City: State: Zip:

Contact: Tel:

III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Emer.Renovation):

IV. IS ASBESTOS PRESENT? (Yes/No)

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg Name:

Address:

City: State: County:

Site Location:

Building Size: # of Floors: Age in Years:

Present Use: Prior Use:

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:	RACH To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Cat I	Cat II	UNIT	
Pipes				Ln Ft:	Ln m:
Surface Area				Sq Ft:	Sq m:
Vol RACH Off Facility Component				Cu Ft:	Cu m:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

Continued on page two

Figure 3. Notification of Demolition and Renovation